

<b>Case Number:</b>	CM13-0044565		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65 year old male with date of injury 6/25/2012. The patient injured himself while repairing a water heater. He reported feeling something tear while turning a wrench. On 11/20/2012, the patient underwent an MRI of the left shoulder which demonstrated a full thickness tear of the supraspinatus tendon. After several months of conservative therapy, on 3/29/2013, the patient underwent a left shoulder arthroscopy with rotator cuff repair. The patient has undergone 30 postoperative physical therapy visits which began on 04/16/2013. Due to lack of progress, the patient underwent a repeat MRI of the left shoulder which revealed interval rotator cuff tendon repair, however, there is a full thickness tear of the supraspinatus rotator cuff tendon construct with 4.0 cm of proximal retraction., subscapularis and infraspinatus tendinosis with no tear., circumferential tearing of the labrum (the previously described para labral cyst not well seen on this examination), biceps tendinosis, and moderate degenerative changes of the acromioclavicular joint with osteophyte spurring of the acromial surface. This places the patient at increased risk for acromial impingement. The primary treating physician's most current available progress report dated, 12/4/13 lists subjective complaints as pain in the neck and shoulder region. The objective findings include mass of muscle tissue in region of long head biceps, mild bruising, not able to palpitate tendon on long head of biceps. It is noted in the orthopedic follow-up report of 11/12/2013 after the second MRI that the patient was being scheduled for additional surgery to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy twice a week for three weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Chronic Pain Medical Treatment, Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 98-99.

**Decision rationale:** The California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 30 sessions of physical therapy. In addition, the patient will be undergoing more surgery on the left shoulder to attempt repair of the rotator cuff. Physical therapy is not medically necessary at this time.